



Missouri Public Service Commission Consumer Complaint Work Order

Please fill the form out completely and legibly.

HOMEOWNER INFORMATION		OFFICE USE ONLY
Name		Inspector
Address		Date Received
City/State/Zip		Date Closed
Work Phone	Home Phone	HOME INFORMATION
MANUFACTURER INFORMATION		
Name		Serial Number
Address		HUD Label Number
City/State/Zip		Date of Manufacture
		Date of Sale
DEALER INFORMATION		
Name		Phone
Address		
City/State/Zip		
Items Corrected From The Inspection Report		Comments
1		
2		
3		
4		
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22		
23		
24		
25		
Signature of Dealer:		Date:
Signature of Homeowner (REQUIRED):		Date:
RETURN TO:		
Manufactured Housing & Modular Unit Program P.O. Box 360, Jefferson City, MO 65102		
PHONE: 800-819-3180 FAX: 573-522-2509		